

TRENDS OF LATE HIV DIAGNOSIS AND ASSOCIATED FACTORS IN IMMIGRANTS IN AUSTRALIA

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Background:

Migrants include vulnerable populations that should be considered in HIV prevention and care strategies for HIV epidemic control alongside the UNAIDS “90-90-90” targets. It is therefore important to monitor patterns of late HIV diagnosis in individuals born overseas (immigrants) in Australia to inform HIV testing, treatment and prevention.

Methods:

We conducted a serial cross-sectional analysis of individuals newly diagnosed with HIV in Australia from 2007–2016 using National HIV Registry data. Analysis was restricted to individuals with country of birth and CD4+ count recorded. Annual proportion trends of late HIV diagnosis (CD4 < 350cells/μl) were explored using Poisson regression and correlates using multivariable logistic regression.

Results:

Of 9,901 new HIV diagnoses, 3,735 (38%) were among immigrants. The annual proportion of all new HIV diagnoses among immigrants increased from 33% (n=298) in 2007 to 43% (n=424) in 2016 (p=0.001). Of all new HIV diagnoses, 39% (n=3,275) were diagnosed late.

The annual proportions of new HIV diagnoses classified as late diagnosis remained stable over the 10 years for immigrants (p=0.57) and Australian-born (p=0.302). Overall, 47% of immigrants and 34% of Australian-born individuals had a late HIV diagnosis (p<0.001). Among immigrants with a late HIV diagnosis, 30% (n=459) were born in South East Asia, 17% (n=262) in sub-Saharan Africa, 12% (n=188) in North-Western Europe, and 10% (n=151) in Northeast Asia.

After adjusting for age, sex and route of HIV exposure, being an immigrant was significantly associated with late diagnosis (adjusted OR: 1.7, 95% CI: 1.52-1.85; p<0.001).

Conclusion:

The proportion of new HIV diagnoses classified as late diagnosis has not declined. Immigrants were more likely to be diagnosed with late HIV compared to Australian-born individuals. Further research is needed to understand barriers/facilitators to HIV testing among immigrants to improve timely diagnosis.

Disclosure of Interest Statement:

No conflict of interest to declare